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To Whom it Concern

I am pleased to enclose a submission prepared by VicHealth to the Parliamentary Inquiry into Multiculturalism in Australia. VicHealth's submission identifies the importance of sound multicultural policy to the wellbeing of all Australians and outlines a range of activities it is undertaking to strengthen policies and programs in this area which may be of interest to the Australian government.

Should you require any further information in relation to this submission, please do not hesitate to contact Ms Kim Webster, kwebster@vichealth.vic.gov.au or 03 9667 1344

Please note that our postal address is identified above.

Sincerely

John Fitzgerald

A/g Chief Executive Officer

20 June 2011

Patrons

Sir James Gobbo
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Victorian Health Promotion Foundation (VicHealth) Parliamentary Inquiry Submission

Inquiry into Multiculturalism in Australia

Submission to the Joint Standing Committee on Migration

Introduction

The Victorian Health Promotion Foundation (VicHealth) has pleasure in making this submission to the Joint Standing Committee on Migration's Inquiry into Multiculturalism in Australia.

VicHealth is an independent statutory authority established in 1987. With a cross-party board of governance, its mission is to promote the health and wellbeing of all Victorians by addressing behavioural, environmental and social influences on health.

VicHealth's interest in multicultural policy and practice

VicHealth has had a long term interest in the health and wellbeing of culturally diverse communities, having supported a number of now well-established initiatives in the early stages of their development. Among these are the U Can 2 program, led by the Victorian Foundation for Survivors of Torture, focusing on education and employment for young people from refugee backgrounds, and the Adult Multicultural Education Service's Community Guides program. This program draws on the skills of longer term settlers to orient and support newer arrivals.

VicHealth continues to support extensive activity targeted to culturally diverse communities in its sports and arts programs. Further information about these initiatives can be found on our website at www.vichealth.vic.gov.au.

While addressing multicultural issues across our programs, they are a particular focus of programs developed in response to two of our strategic objectives, being:

- **Reducing health inequalities.** This program was established on the basis of evidence indicating a strong relationship between health and one's access to resources such as housing, employment and education. It has identified new arrivals to Australia (among others) as a priority population (VicHealth 2007)
- **Reducing race based discrimination and supporting diversity.** This program was developed on the basis of evidence indicating that race-based discrimination is a prevalent problem with significant implications for health, human rights, productivity and social cohesion and inclusion (VicHealth 2007; VicHealth 2009).

Drawing on knowledge and experience accumulated in these two program areas, VicHealth will respond to Inquiry Terms of Reference 1, 3, 4, 5 and 6. In the final section of this submission, we also address issues pertaining to monitoring the progress of multiculturalism (of relevance across the Inquiry Terms of Reference).

Key VicHealth publications referred to in this submission and of relevance to the Inquiry include:

- *Building on our strengths: A framework to reduce race-based discrimination and support diversity in Victoria*, available at www.vichealth.vic.gov.au/buildingonourstrengths
- *More than tolerance: Embracing diversity for health*, available at www.vichealth.vic.gov.au/morethantolerance

General principles

Australia is among the global leaders in its support of cultural and linguistic diversity. This is due to a range of factors, not least of which has been the bipartisan support for multiculturalism and its strengthening by most Australian governments since the 1970s.

VicHealth endorses in broad terms the *The People of Australia: Australia's Multicultural Policy* as a sound basis for Australian multicultural policy. In particular, VicHealth notes the importance of Australian multicultural policy being underpinned by a commitment to:

- acknowledging Indigenous Australians as the original custodians of the land and as having among the world's oldest and most unique living cultures and cultural identities
- acknowledging the social, economic and civic benefits of migrant and refugee settlement to Australia and recognising cultural diversity as being among Australia's greatest assets and achievements
- supporting newcomers to practice their faith and culture and maintain their connections with the communities of their country-of-origin or heritage
- facilitating settlement and intercultural relations in a framework of social harmony, human rights and access and equity with respect for the rule of law
- proactively supporting and fostering migrant and refugee resettlement and positive intercultural relations through sound social and economic policy and strong civic and political leadership.

Definitional issues

The definition of race-based discrimination underpinning VicHealth's work, and this submission is 'behaviours and practices that result in avoidable and unfair inequalities across groups in society based on race, ethnicity, culture or religion' (VicHealth 2009).

This definition contrasts with:

- a legal definition where discrimination is confined to activity that is against the law
- a commonly held lay view, where discrimination is understood as interpersonal and blatant in nature (e.g. the casting of racially-based slurs).

Clearly, blatant racism continues to occur. However, this definition recognises its changing nature, with interpersonal discrimination more likely to be manifest in subtle forms, as blatant racism has become increasingly socially unacceptable. Similarly, while direct systemic discrimination (that occurring in the systems, cultures and processes of organisations and institutions) is being progressively eliminated through legislative and regulatory reform, there is evidence of continuing indirect discrimination in organisations (VicHealth 2009). This may not be wilful, but rather a product of organisational cultures and processes that have developed over many years in response to an Anglo-Celtic majority. Such cultures may inadvertently exclude or disadvantage minority ethnic populations.

The importance of addressing more subtle and indirect manifestations of discrimination is indicated in evidence suggesting that they may be more harmful to health than blatant expressions (VicHealth 2007)

We also note that our approach is based on the understanding that discrimination is best addressed by building support for and acceptance of difference, rather than by seeking to achieve equality by eliminating

difference. This approach, as discussed below, is based on evidence indicating that there is health, social and economic benefits for both individuals and society in nurturing cultural diversity.

Term of Reference 1: The role of multiculturalism in the Federal Government's social inclusion agenda

VicHealth's position

VicHealth urges the Australian government to support the integration of cultural inclusion as a key dimension of Australian social inclusion policy, its implementation and evaluation.

Rationale

While a range of factors influence health, among them heredity and luck, influences in our social and economic environment play a significant part. Although there are some exceptions, on most health indicators there is a clear socioeconomic gradient. Generally speaking, people with poor access to material, social and cultural resources have poorer health than their more advantaged counterparts (Whitehead & Dahlgren 2006; VicHealth 2008; VicHealth 2008a).

In light of this evidence, VicHealth strongly supports the Australian government's social inclusion agenda as an important policy setting for improving health and for reducing inequalities in health.

While there is no commonly accepted conceptualisation of social inclusion, four dimensions are cited in the literature:

- **Economic inclusion:** pertaining to access to the means of livelihood.
- **Social inclusion:** referring to the ability to participate in and contribute to society.
- **Political and civic inclusion:** sometimes colloquially referred to as 'having a say', and encompassing a range of activities from signing a petition and voting to participating on local decision making bodies and committees.
- **Cultural inclusion:** referring to the extent to which a diversity of values and ways of living are accepted (Commission on Social Determinants of Health 2008).

It is of some concern that this fourth dimension has to date been largely absent from the Australian social inclusion agenda, despite clearly underpinning Australian multicultural policy.

Culture is universal and cultural differences are the basis for exclusion of a number of groups. However, in the Australian context, the dimension of culture is especially relevant to ensuring inclusion of people from migrant and refugee backgrounds. There are three reasons for this.

First, ethnic and racial cultural identity has been found to be important for health, in particular mental health (Massokowski 2003; Wong, Eccles & Sameroff 2003). Strong cultural identity also serves as a 'buffer' against the health impacts of other stressors such as discrimination or unemployment (Szalacha & Erkut 2003; Greene, Way & Pahl 2006). It is therefore important that a diversity of cultures is recognised within economic and social processes and institutions. When diversity is not valued, those from non-dominant cultures face the choice of either curtailing their participation in these processes, or participating at the expense of their cultural identity. Both alternatives have the potential to compromise mental health.

Second, culture is an important means by which group membership is defined. As such it can be the basis for discrimination against those thought not to qualify for group membership (European Centre for Minority Issues 2006). As well as contributing directly to social exclusion, discrimination is associated with an increased risk of mental health problems, in particular anxiety and depression (Paradies 2006). Emerging evidence also suggests that it may be linked with poor physical health, including obesity, cardiovascular disease and diabetes (Paradies 2006).

Third, acculturation (the process of adjusting from one culture to another) is one which may be stressful (Beiser 1999). Evidence suggests that it is associated with a high risk of both physical and mental health problems (Ward, Bochner & Furnhan 2001), as well as increased vulnerability to a host of factors leading to social exclusion in the longer term (Richardson et al 2004; Taylor 2004). While it is not inevitable that migrants and refugees suffer social exclusion, there is evidence suggesting that the early post-arrival period is one that may be associated with vulnerability to unemployment, low income and poor housing (Richardson et al 2004; Taylor 2004).

This does not mean that the policy objective should be to support people from ethnic and racial minorities to maintain their culture-of-origin above all else. Indeed, research with migrants and refugees in countries of settlement suggests that cultural separatism is associated with poor health and social outcomes (Berry 2001, cited in Ward et al 2001). Rather, emphasis needs to be placed on supporting newcomers to maintain and value their culture of origin, while at the same time learning to operate within the new or dominant culture.

Australia has a relatively good track record in both anti-discrimination and the acceptance and promotion of diversity (VicHealth 2007). Nevertheless, the case for including this fourth dimension of social inclusion remains compelling. Twenty four per cent of Australians were born overseas and three quarters of these were born in a country where English is not the main language spoken (ABS 2007). In recent years, Australia has had consistently high migration rates and though political commitment to migration fluctuates, these are likely to be maintained given the impacts of both skills shortages and population ageing (DPC 2004).

While many newcomers do as well if not better than the Australian-born population on important social and economic indicators (Jupp & Nieuwenhuysen 2008), there are a number of groups that fare poorly. Of particular concern are Humanitarian Program entrants and migrants from Lebanese, Middle-Eastern, Pacific Island, African and Vietnamese backgrounds (Richardson et al 2004; Jupp & Nieuwenhuysen 2008; VicHealth 2007).

Surveys supported by both VicHealth (conducted by Professors Kevin Dunn and James Forrest) and the Scanlon Foundation found that experiences of discrimination by people from non-English speaking backgrounds are common in a range of settings (VicHealth 2007; Markus & Dharmalingam 2008).

Dunn and Forrest's survey also gauged community attitudes towards diversity. It found that only a minority (though still a disturbing one in 10) held views that would be regarded as 'racist' (e.g. a belief in racial hierarchies or the virtues of racial separatism). However, around one third reported some discomfort with difference, opposed people maintaining their culture-of-origin, or were prepared to identify out-groups (that is, the notion that there were certain groups that did not belong in Australian society) (VicHealth 2007). To the extent that attitudes are a barometer of the general social climate and of the potential for discrimination to occur, these findings are of considerable concern.

Term of Reference 3: Innovative ideas for settlement programs for new migrants (including refugees) that support their full participation and integration into the broader Australian society

VicHealth's position

VicHealth endorses the Australian government's commitment to develop a national anti-racism partnership and strategy as an important component of refugee and migrant settlement. Further, it proposes that:

- consideration be given to drawing on *Building on our strengths*, an evidence informed framework developed by VicHealth and its partners, to inform the formation of partnerships for and the development of this strategy
- particular consideration be given to taking a 'whole-of-government' and cross-sector approach, by engaging a wide range of government departments and ministries and actors from key sectors in its development
- particular account be taken of the need for workforce and resource development in the primary prevention of discrimination as the required foundation for its success
- the extensive program of research and development activity currently being undertaken by VicHealth and its partners (outlined below) be noted as possible sources of support and knowledge in the development and implementation of the strategy.

Rationale

Full participation and integration of new arrivals requires an approach combining:

1. Specialist services to: (a) assist people in adjusting to settling into a new country and, in the case of those from refugee backgrounds, to deal with the consequences of trauma and deprivation in the pre-arrival period; (b) respond to disadvantage experienced by some groups from culturally diverse backgrounds; and (c) respond to discrimination and intolerance when they occur (e.g. complaints systems, legislation).
2. Initiatives to strengthen minority ethnic communities, so that they can provide social support and connection to newcomers and serve as a 'bridge' between them and the wider Australian community.
3. Initiatives to promote contact and harmonious relationships between cultures.
4. Initiatives to address attitudes and behaviours of the whole community to promote acceptance of diversity and prevent discrimination.
5. Initiatives to support local governments, cross-sector organisations and communities to prevent discrimination and promote social cohesion at the community and institutional levels.
6. Initiatives to build inclusive community and national identities, in which there is an expansive sense of 'us' and ownership of diversity.

VicHealth notes and strongly supports the commitment of the Australian government to develop a national anti-racism partnership and strategy as an integral plank in its multicultural policy. The activities given in points 4, 5 and 6 (and to a lesser extent 3) are those that VicHealth believes should fall into the ambit of the strategy.

These are activities that seek to *prevent discrimination and intolerance before they occur* (sometimes referred to as primary prevention). They are targeted at the whole community and at mainstream organisational environments. In this respect they contrast with tertiary responses (such as complaints systems or efforts to address the disadvantage resulting from discrimination). VicHealth's experience to date suggests that the primary prevention of discrimination (i.e. the areas in 3-6 in the Table above) are those in which there is a particular need to strengthen policy, knowledge, practice and workforce skills.

In response to the gaps identified, VicHealth has established a dedicated program of activity to reduce discrimination and support diversity in partnership with a range of Victorian and national partners. These include the Municipal Association of Victoria, beyondblue, the Department of Immigration and Citizenship, the Victorian Foundation for the Survivors of Torture, the University of Melbourne, the Ethnic Communities Council of Victoria, the Victorian Equal Opportunity and Human Rights Commission, the Centre for Multicultural Youth and Adult Multicultural Education Services (AMES) in Victoria.

This program is underpinned by the a Framework developed by VicHealth and its partners (see Table below) to guide not only our own activity in this area, but also to support that of others, including government. This framework is documented in *Building on our strengths: A framework to reduce race-based discrimination and support diversity in Victoria* (available at www.vichealth.vic.gov.au/buildingonourstrengths).

Research conducted for the framework and VicHealth's subsequent program development suggests that the success of a national anti-racism strategy is likely to be dependent upon:

- recognition of both systemic and interpersonal discrimination and the inter-relatedness of these forms of discrimination
- its grounding in a broad definition of discrimination, recognising the significant contributions made by lawful, systemic and indirect forms
- a multi-strategy approach targeted at individuals, communities, organisations and broader societal structures and cultures, given evidence that contributing factors exist and need to be addressed at all of these levels in ways that reinforce one another
- a cross-sector/cross-setting approach, recognising that the causes of discrimination lie in the range of environments in which we live, work and recreate. For these reasons, VicHealth believes that the anti-racism strategy and partnership needs to take a 'whole-of-government' approach, specifically engaging a range of relevant departments and ministries in its development, including those responsible for local government, the arts, employment and education and training
- taking an evidence-informed approach and conducting evaluation, recognising the need to further build the evidence base in this area
- the engagement of affected communities in its development

In partnership with others, VicHealth supports the development of a program of research, policy and practice that would contribute to the development of a national anti-racism/anti-discrimination agenda (as defined above). Significant initiatives are summarised in the table below.

	<i>Initiative</i>	<i>Significance to the development of national multicultural agenda</i>
Policy/program development	<p>The <i>Building on our strengths</i> framework identifies and synthesises the evidence on ‘what works’ to reduce discrimination and support acceptance of diversity. Using a program logic approach, it provides a road map for policy and program development and subsequent monitoring and evaluation. The framework was developed with input from a range of experts in anti-discrimination nationally.</p> <p>Reviews identifying the potential of specific approaches/settings.</p>	<p>The framework has the potential to underpin the development of a whole-of-government anti-racism strategy, ensuring an evidence-informed, coherent and coordinated approach in a complex and sensitive policy area.</p> <p>To date reviews have been conducted to explore the potential for anti-discrimination in school and workplace settings and the potential if bystander involvement in reducing racism (available at www.vichealth.vic.gov.au/discrimination).</p>
Research	<p>In partnership with the McCaughey Centre (University Of Melbourne), VicHealth has established a dedicated program of research to reduce discrimination and support diversity. Led by Dr Yin Paradies, the program has been funded over a six year period, with further growth being achieved through other research grant programs.</p>	<p>An important source of research and evaluation expertise and knowledge for the development of policy and practice to reduce discrimination and/or support acceptance of diversity in Australia. It is unique nationally as a research program with a specific focus on these areas.</p>
Trials of specific anti-discrimination strategies and approaches	<p>The <i>Localities Embracing and Accepting Diversity</i> (LEAD) program – three-year area-based pilots trialling a multi-method, multi-setting approach to reducing discrimination and/or supporting diversity in partnership with Victorian local governments. More information is available at www.vichealth.vic.gov.au/LEAD.</p> <p>The <i>See beyond race</i> campaign – a communications campaign designed to be locally targeted and reinforced with other local communications and</p>	<p>These initiatives, currently in progress, have been or are currently being established by VicHealth to trial and evaluate specific approaches and/or the value of work in particular settings (e.g. the arts, local government).</p> <p>Lessons learned and resources developed in the course of each of these initiatives have the potential to (a) assist in informing the development of a national anti-racism strategy,</p>

	<p>community strengthening activities (currently being piloted in the Whittlesea and Shepparton local government areas). More information is available at www.vichealth.vic.gov.au/seebeyondrace.</p> <p>The <i>Building Bridges</i> program – a trial to investigate the role of intercultural contact in discrimination reduction.</p> <p>The <i>Arts About Us</i> program – supports 16 arts organisations to use arts as a means of raising awareness of the prevalence and health implications of discrimination and to challenge attitudes and behaviours. The evaluation of this program will be useful for arts practitioners, arts funding bodies and government in assessing the role of the arts in multicultural policy. More information is available at www.vichealth.vic.gov.au/artsaboutus or on the <i>Arts About Us</i> website at www.artsaboutus.com.au.</p> <p><i>Forthcoming work</i></p> <p>Bystander anti-racism – this work, currently in development, will involve trialling means of supporting individuals and organisations to ‘take a stand’ to strengthen social norms against discrimination and in support of diversity. Research is currently being conducted to assess community readiness and identify appropriate settings.</p> <p>VicHealth is also currently scoping work to reduce workplace discrimination.</p>	<p>and (b) be adapted for replication elsewhere in Australia.</p> <p>They have been developed by VicHealth with this intent in mind.</p>
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<p>Organisational and workforce development</p>	<p>In partnership with Deakin University, VicHealth is developing a short-course designed to build workforce capacity to undertake primary prevention of discrimination.</p> <p>As part of the LEAD program, training programs are being developed in partnership with the Victorian Equal Opportunity and Human Rights Commission and others for:</p> <ul style="list-style-type: none"> • workers in retail settings • workplaces • schools. <p>Forthcoming work will also involve training packages for sports settings.</p> <p>VicHealth has also developed/is developing a number of specific resources to support organisations to undertake self assessment to ensure responsiveness to issues of discrimination/diversity. These include:</p> <ul style="list-style-type: none"> • the <i>Everyone Wins</i> resource, targeted to sport settings (see www.vichealth.vic.gov.au/everyonewins) • a resource for schools and workplaces (in draft and currently being piloted) • a resource for local governments (currently being commissioned). 	<p>Building workforce capacity in the prevention of discrimination is a significant challenge identified by VicHealth. Once developed there is the potential for the short course to be adapted for use nationally.</p> <p>While there is a plethora of cultural diversity training programs, VicHealth’s scoping suggests that there are few with a specific focus on anti-discrimination and/or acceptance of diversity as broadly defined above.</p>
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Term of reference 4: Incentives to promote long-term settlement patterns that achieve greater social and economic benefits for Australian society as a whole

VicHealth's position

VicHealth encourages the inquiry to consider the specific issues raised in the report *Refugee resettlement in regional and rural Victoria: Impacts and policy issues*, in particular the merits of:

- a whole-of-government approach to planning and implementing settlement support throughout Australia
- supporting locally coordinated settlement and multicultural planning, where possible by local government.

Rationale

VicHealth notes increasing policy support for geographically dispersed patterns of settlement of new arrivals to Australia. This is a pattern that has potential health, social and economic benefits for new settlers and for the wider Australian community (McDonald et al 2008). However, many rural and outer-suburban areas are accepting new arrivals in large numbers for the first time. As a result, service providers, institutions and communities may have limited experience in welcoming and supporting people from migrant and refugee backgrounds. Data from surveys supported by VicHealth indicate that attitudes in some (though not all) rural and outer-suburban areas are somewhat less tolerant to diversity, while rates of self-reported discrimination are relatively high (VicHealth 2007). Specialist services to support people from migrant and refugee backgrounds may also not be well-developed in these areas.

In May 2008, VicHealth released a report (developed collaboratively with the McCaughey Centre, the La Trobe University Refugee Health Research Centre and Foundation House) addressing the implications of rural and regional settlement. This report proposed the need for a whole-of-government approach to planning for regional settlement and suggested that similar considerations be applied in relation to outer-suburban settlement. It proposed that consideration be given to coordination of local level planning by local government (McDonald et al 2008). See www.vichealth.vic.gov.au/discrimination for the full report.

Term of reference 6: The profile of skilled migration to Australia and the extent to which Australia is fully utilising the skills of all migrants

VicHealth's position

VicHealth supports the need to integrate productivity and economic goals into multicultural policy and to strengthen policy and program development in these areas. In particular it supports policy measures to:

- optimise use of the skills of migrants and refugees by improving systems for recognition and upgrading of qualifications and skills gained overseas
- improve access to education and training by people from non-English speaking backgrounds, in particular young people and Humanitarian Program entrants
- improve the educational experience of people from migrant and refugee backgrounds, especially among groups with low school retention rates
- address systemic and interpersonal discrimination in the workplace and education settings, thereby ensuring optimal health, social and economic outcomes for new settlers, maximising productivity and ensuring that Australia remains an attractive destination for migrants in a competitive global market.

Rationale

Migrant and refugee settlers have significant contributions to make to the Victorian economy and workforce (Victorian Parliament, Economic Development Committee 2004; Australian Bureau of Statistics 2007b). There is also a strong 'business case' for a workforce that is diverse and that values diversity. Evidence suggests that diversity is associated with improved productivity (Perotin, Robinson & Lundes 2003; Putnam 2007), including increased sales revenue, more customers, greater market share and greater relative profits (Herring 2009). Diversity has also been associated with creativity and innovative thinking (Adler 1997; Burton 1995; McLeod, Lobel & Cox 1996; Richard 2000), greater employee commitment, greater market share and better customer satisfaction (Bertone & Leahy 2001).

Optimising the potential and contributions of all Australians will be critical in light of predicted skill and labor shortages associated with population ageing.

However, there is continuing evidence of relatively high rates of unemployment among particular groups. For example, research collated by the Commonwealth Parliamentary Library found that people from North Africa, the Middle East and Vietnam 'have rates of unemployment much higher than other overseas-born persons'. At June 2005, unemployment rates were 12.1 per cent for people from North Africa and the Middle East and 11 per cent for people from Vietnam. This compared to a rate of 5.3 per cent for all overseas-born people, and 6.2 per cent for those born in all non-English speaking countries. This is in turn reflected in other economic indicators, with Lebanese, North African and Vietnamese migrants having lower household incomes, employment status and housing conditions than new arrivals from Europe, Great Britain and New Zealand with the same length of settlement time in Australia (Borooah & Mangan 2007).

There is also evidence of the under-utilisation of the skills of both migrants and refugees. Studies suggest that people from refugee backgrounds tend to be allocated the lowest-level jobs regardless of their formal qualifications, skills and experience (Colic-Peisker & Tilbury 2005). After some settlement in Australia (three and a half years), 47% of migrants from Anglo-Celtic backgrounds originating from the UK and America were using their qualifications in taking up employment opportunities, compared with only 31% of migrants from non-English speaking backgrounds (Ho & Alcorso 2004).

Discrimination in recruitment and in the workplace remain persistent problems (Berman & Victorian Equal Opportunity and Human Rights Commission; Booth et al 2009; Riach & Riach 1991; Diboye & Colella 2005). A study by Dunn (2003) indicates that the experience of race-based discrimination in the workplace impacts almost one in five Australians. In 2008–09, 84 per cent of the 396 complaints received by the Australian Human Rights Commission under the Racial Discrimination Act were related to employment (Australian Human Rights Commission 2009). Similarly, the majority (66 per cent) of discrimination complaints based on race or religious belief received by the Victorian Equal Opportunity & Human Rights Commission in 2009–10 were employment related (Victorian Equal Opportunity & Human Rights Commission 2010).

While longitudinal studies demonstrate positive educational outcomes for many children from migrant backgrounds in both the Australian (Jupp & Nieuwenhuysen 2007) and international contexts (Beiser 1999), there are a number of groups for whom educational outcomes (including school retention rates) are poor (Jupp & Nieuwenhuysen 2007). Young people within some of these groups have also been found to have a difficult educational experience (Mansouri & Trembath 2005; Victorian Foundation for Survivors of Torture 2007).

Participation in employment and education are also important for individual wellbeing, with evidence indicating that people in employment and with higher levels of education generally report better physical

and mental health (Turrell et al 2006; Australian Institute of Health and Welfare 2007). The quality of employment also matters: difficult working conditions such as insecure employment, high demand/low control and stressful environments are associated with poor health (VicHealth 2005). Being employed in a position of lower socioeconomic status than would be expected by one's educational attainment is also a risk factor for poor mental health (Friedland & Price 2003)

Monitoring multicultural policy

As indicated in the introduction to this submission, monitoring issues are relevant to all of the Inquiry Terms of Reference.

VicHealth's position

There should be a considered and appropriately resourced process to develop indicators and measures relevant to Australia's multicultural policy. These should assess the performance of key institutions as well as how new settlers themselves fare within Australian society. They should be set against all domains of the multicultural policy including (though not necessarily limited to):

- economic participation/equity measures (e.g. representation of minority ethnic groups in education, training and employment)
- ethnic minority community strength indicators (e.g. the presence of ethnic news media, rates of childhood bilingualism)
- indicators of social and civic participation (e.g. participation in sports and leisure activities, representation of minority ethnic groups in local councils)
- indicators of acceptance of diversity (e.g. attitudes toward diversity)
- indicators of intercultural relations (e.g. the extent of intercultural contact, self reported discrimination)
- human rights (e.g. freedom of belief, religious vilification)
- indicators of cultural competence (e.g. provision of language services)
- indicators of productive diversity (e.g. rates of bilingualism, recognition of qualifications gained overseas).

Further, VicHealth notes:

- the importance of indicators and measures being thoroughly tested with migrant and refugee communities to ensure their cultural sensitivity and relevance to measuring progress for these communities
- the need for a specific, adequate and sustained resource base for the purposes of identifying indicators, coordinating data identification and analysing and disseminating findings
- the need for data to be accessible to local communities and non-government organisations for the purposes of planning and advocacy
- the desirability of local area level data collecting and analysis
- the importance of data being collected and analysed in ways that enable monitoring for particular groups, including by gender, country of birth, heritage, migration cohort and category and age.

Rationale

VicHealth strongly supports monitoring and evaluation of multicultural policy as a valuable tool for planning, ongoing improvement and accountability. This activity is also vital for monitoring the health and wellbeing of people from non-English speaking backgrounds given the links between social and economic factors and health and wellbeing.

Monitoring the progress of multicultural policy needs to occur at two levels, with some overlap existing between them:

- Monitoring of government performance.
- Monitoring of our progress as a nation in meeting multicultural policy objectives. Indicators of this progress are important not only for monitoring by government, but can be used by non-government and community actors for the purposes of planning, evaluation and advocacy and for citizen engagement in these processes.

At present there is no comprehensive and coordinated approach to the setting of indicators against which performance and progress can be set, nor to the collection and analysis of relevant data. There is an area in which significant work is required. The European Centre for Minority Issues (ECMI 2006) and the UK Home Office (Home Office 2003) have both developed indicator sets relevant to multicultural policy that would be worth reviewing for their relevance to the Australian environment.

VicHealth stresses the need to develop indicators, measures and data systems that support the assessment of outcomes across local government areas and country background groups. This is important given evidence indicating that some migrant groups have done as well, if not better than, the Australian-born population on some indicators, while the outcomes for others are poor. Of particular concern in this regard are the groups previously identified in this submission (see the response to Inquiry Term of Reference 1). Local level analysis will be required given the geographic variability in social, economic and settlement patterns and responses to diversity.

We also note the importance of ensuring that indicators and measures are culturally sensitive. There are risks involved in simply applying those developed for the whole community to assess impacts for migrant and refugee communities. For example, a number of our stakeholders from African communities have raised concerns with VicHealth about the use of volunteering data, as:

- current measures may under-represent the actual voluntary contribution made by new settlers as the concept of volunteering is a Western one that may not be well understood by some new settler groups when responding to questionnaires
- new settlers' volunteer efforts may take a less formal form than those captured in contemporary definitions
- the use of voluntarism as an indicator for other phenomena, such as involvement in community life or civic orientation, may not be appropriate for some settler groups for whom involvement and civic contributions may be made in different, yet no less valid ways.

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